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## BIB DATA SHEET

CONFIRMATION NO. 4159

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/584,454	02/15/2007	424	1637	4661-0112PUS1		
<b>RULE</b>						
<b>APPLICANTS</b> Sarman Singh, New Delhi, INDIA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IN04/00395 12/22/2004 <b>** FOREIGN APPLICATIONS *****</b> INDIA 1598/DEL/2003 12/23/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/02/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/CYNTHIA B WILDER/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance <u>/CW/</u> Initials	<b>STATE OR COUNTRY</b>  INDIA	<b>SHEETS DRAWINGS</b>  1	<b>TOTAL CLAIMS</b>  10	<b>INDEPENDENT CLAIMS</b>  4
<b>ADDRESS</b> BIRCH STEWART KOLASCH & BIRCH PO BOX 747 FALLS CHURCH, VA 22040-0747 UNITED STATES						
<b>TITLE</b> Oligonucleotides for detection of leishmaniasis and methods thereof						
<b>FILING FEE RECEIVED</b> 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		